

~~FILED~~



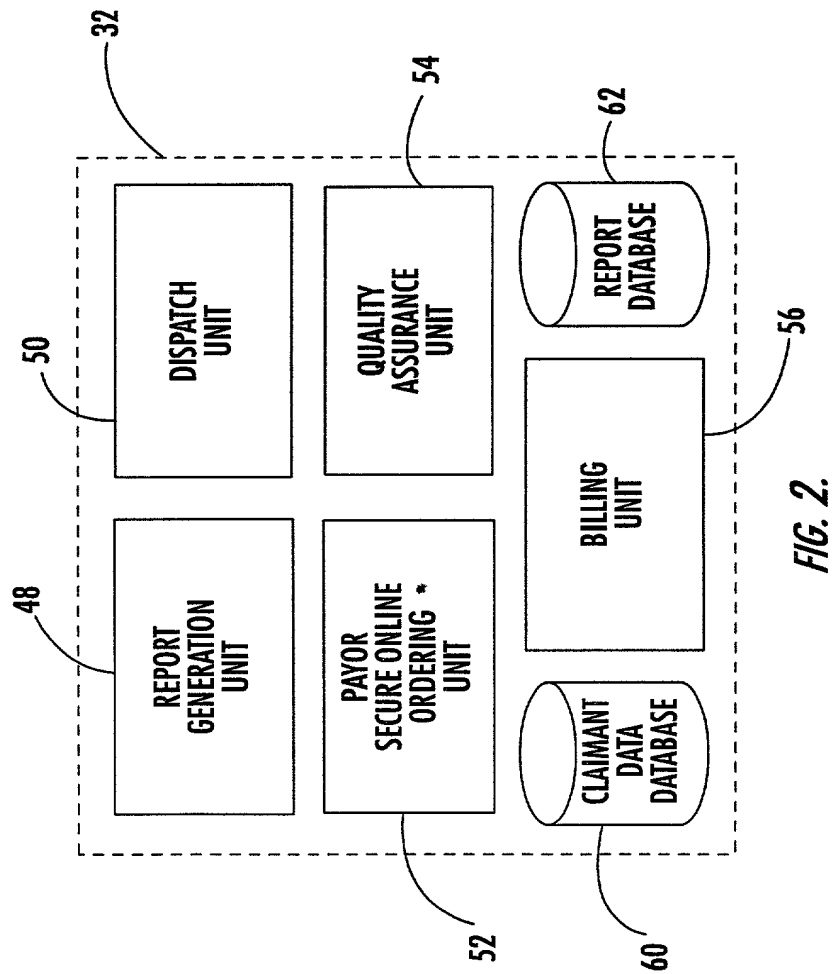
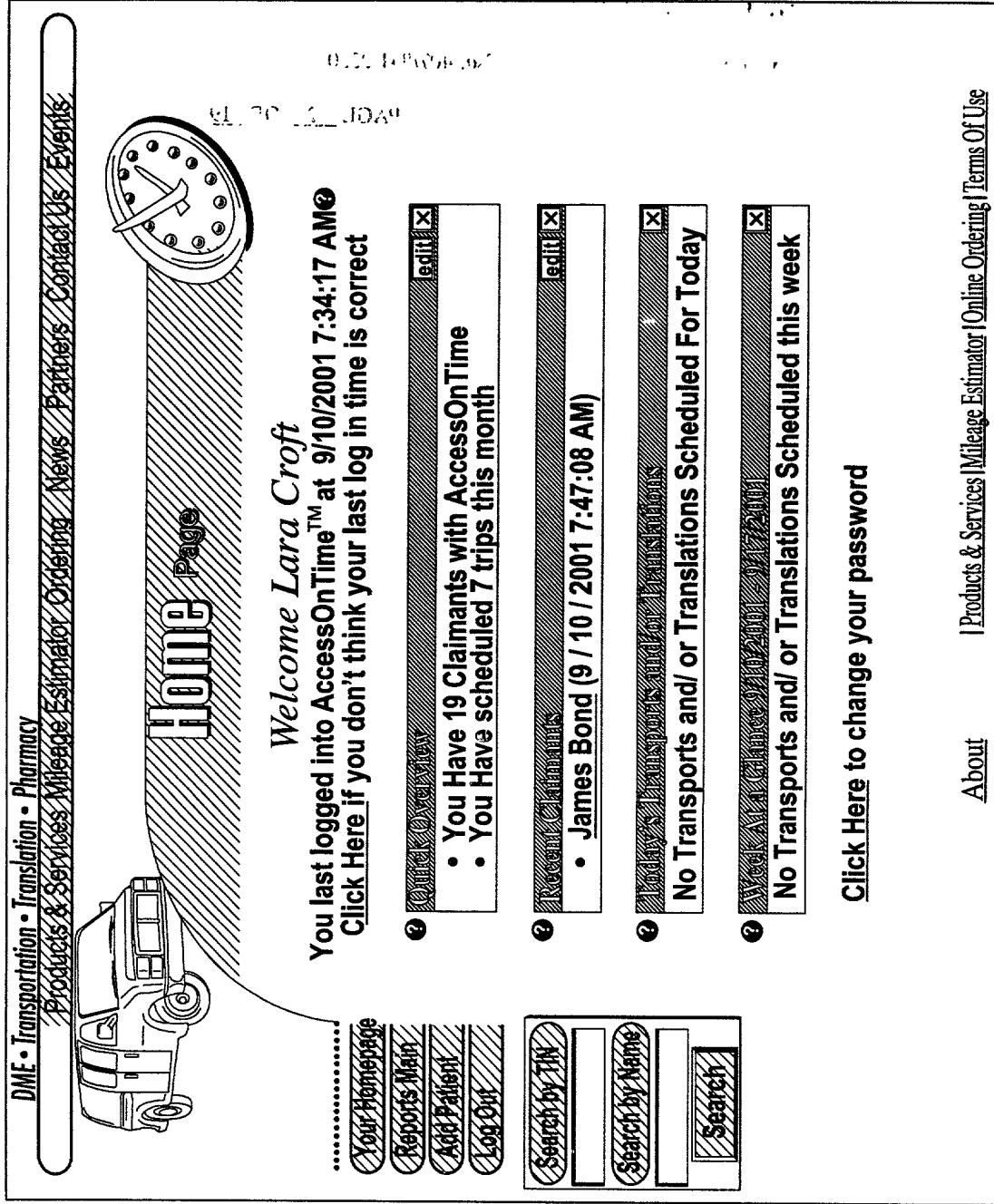


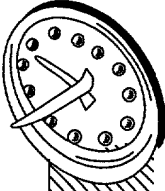
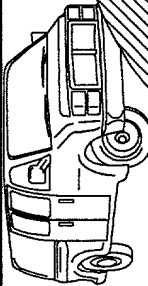
FIG. 2.

FIG. 3.



DME • Transportation • Translation • Pharmacy

Products & Services | Mileage Estimator | Ordering | News | Partners | Contact Us | Events



Real Time Data

Click Here to download this report in an Excel Format

Report Transports By ICD-9(Historical)

Report for Lara Croft

| Code/Desc | \$ Trips | \$ Avg Miles | Billed Amount | Avg Bill |
|---------------------------------|----------|--------------|---------------|----------|
| 922.3 922.3 - CONTUSION OF BACK | 17 | 0 | \$0.00 | \$0.00 |
| Not recorded | 11 | 0 | \$0.00 | \$0.00 |

Report Transports By ICD-9(This Month)

Report for Lara Croft

| Code/Desc | \$ Trips | \$ Avg Miles | Billed Amount | Avg Bill |
|---------------------------------|----------|--------------|---------------|----------|
| 922.3 922.3 - CONTUSION OF BACK | 7 | 0 | \$0.00 | \$0.00 |

Report Transports By ICD-9(Past 4 Months)

Report for Lara Croft

| Code/Desc | \$ Trips | \$ Avg Miles | Billed Amount | Avg Bill |
|---------------------------------|----------|--------------|---------------|----------|
| 922.3 922.3 - CONTUSION OF BACK | 7 | 0 | \$0.00 | \$0.00 |

.....

Your Homepage

Reports Main

Add Patient

Log Out

Search by TIN

Search by Name

Search

About

Products & Services | Mileage Estimator | Online Ordering | Terms Of Use

Access News | Provider Partners | Contact Information | Upcoming Events | Links | Security Policy

FIG. 10.
10/19

84

FIG. 11.

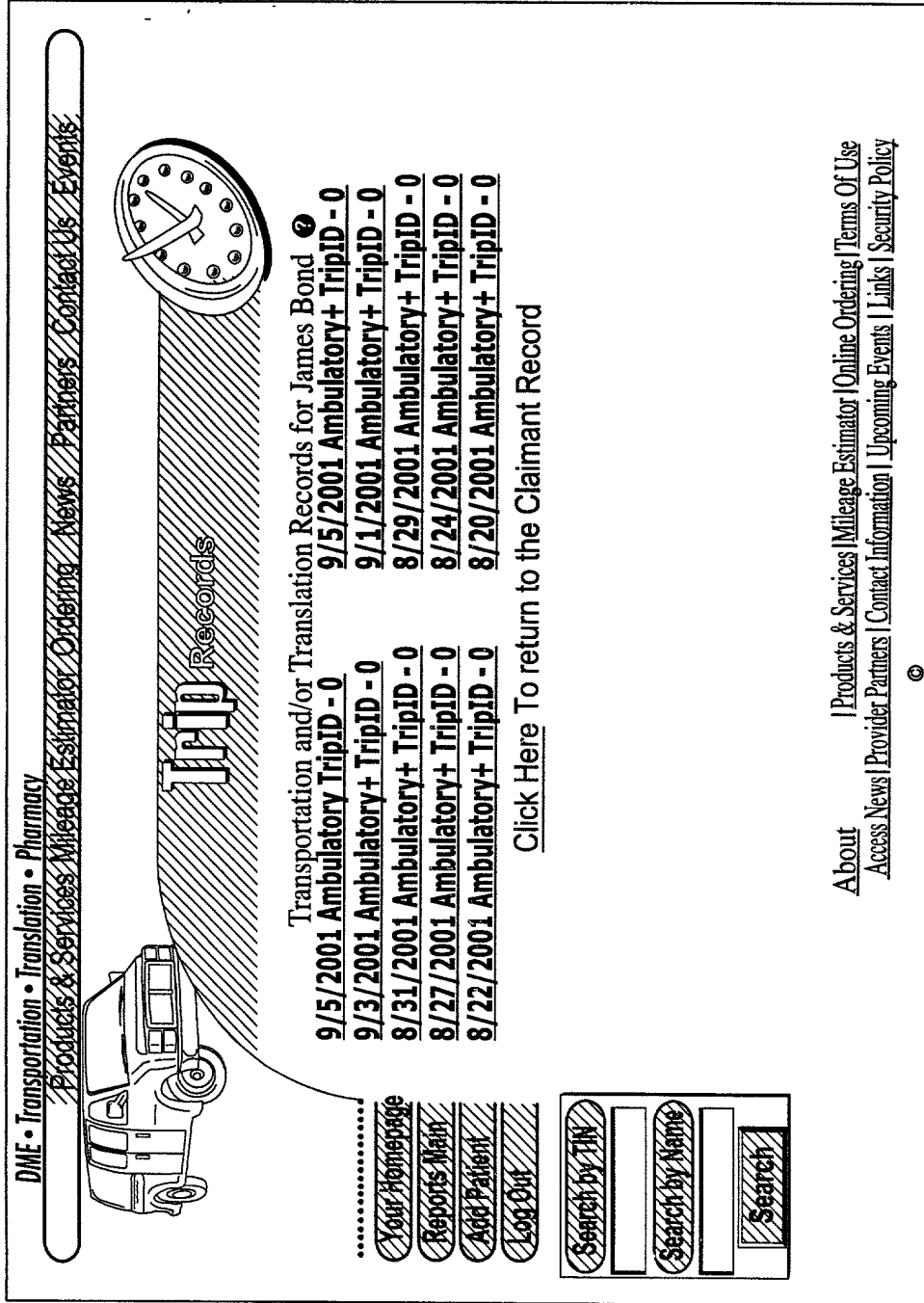
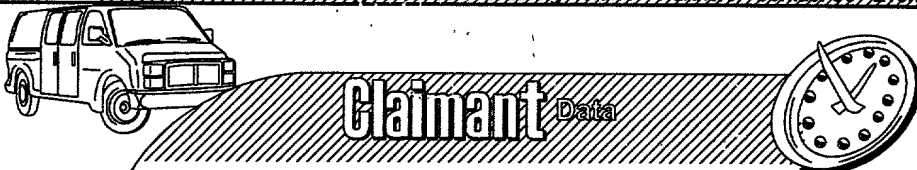


FIG. 12.

12/19

88

DME • Transportation • Translation • Pharmacy
 Products & Services Mileage Estimator Ordering News Partners Contact Us Events



Claimant Data

[Schedule A New Transport and/or Translation For This Claimant](#)
[View Scheduled Transports and/or Translations For This Claimant](#)
[Order Medical Equipment and/or Ancillary Services For This Claimant](#)
[Add Special Instructions and/or Notes For This Claimant](#)
[View any Instructions and/or Notes You Have Made For This Claimant](#)

[Your Homepage](#)
[Reports Main](#)
[Add Patient](#)
[Log Out](#)

[Search by TIN](#)

[Search by Name](#)

Claimant SSN: 599-81-6131 ?

* Denotes a required field

First Name : * MI

Last Name: *

Address:

Enter a Zip Code, click the button, and Access On Time™ will fill in the city, state, county, and timezone

Zip

City State
 County

Employer
 Empl. Addr
 Enter a Zip Code, click the button, and Access On Time™ will fill in the city, state, county, and timezone

Employer Zip

City: State
 County:

Time Zone

Phone Numbers

Home Work
 Pager Other

20100201 00000000

| Payer Source Information | |
|--------------------------|-------------------------|
| | Select Payer Source |
| Company Name | Florida Healthcare Netv |
| Billing Address | 2301 N. Orange Ave |
| City | Orlando |
| State | FL |
| Zip | 32804 |
| Phone | 4078962595 |

| Adjuster Assignment | |
|---------------------|--------------------|
| | Assign An Adjuster |
| Adjuster | Lara Croft |

| Case Manager Assignment | |
|-------------------------|-----------------------|
| | Assign A Case Manager |
| Case Manager | Frodo Baggins |


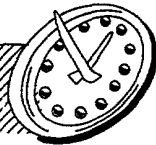
| Claim Record | |
|-------------------|---|
| Claim Nbr | 12345678 ? |
| Authorization Nbr | |
| Date Of Injury | 1/1/2001 |
| Claim Expires On | 12/31/2002 |
| ICD-9 Code | 922.3 Click Here for ICD-9 Finder |
| ICD-9 Description | 922.3-CONTUSION OF BACK |

Save Changes

FIG. 13.

DME • Transportation • Translation • Pharmacy

Products & Services Mileage Estimator Ordering News Partners Contact Us Events

New

Transport/or Translation For James Bond

Special Notes/Instructions For This Transport and/or Translation

.....

[Your Homepage](#)

[Reports Main](#)

[Add Patient](#)

[Log Out](#)

[Search by TIN](#)

[Search by Name](#)

[Search](#)

Note: Any changes to claimant address information during transport/translation scheduling will not affect the claimant record in the database. For permanent claimant address changes, make the changes to the Claimant Record.

Transport/Translation Origination

Origination

[Fill Origination With Claimant Home Info](#) ?

OR

[Fill Origination With Claimant Work Info](#) ?

OR

[Select A Facility For The Origination](#) ?

Name

Dept(Qualifier)

Addr

City ST Zip

Phone County

FIG. 14.

Transport/Translation Destination

Destination

Fill Destination With Claimant Home Info



OR

Fill Destination With Claimant Work Info



OR

Select A Facility for the Destination



Name

Dept(Last Name)

Addr

City

ST

Zip

Phone

County

- ☒ Create a Return Transport from the destination to the origination
- ☐ There is another destination to this Transport
- ☐ Single Destination Transport

Book This Transport and/or Translation


[Click Here](#) To return to the Claimant Record

[About](#) |
 [Products & Services](#) |
 [Mileage Estimator](#) |
 [Online Ordering](#) |
 [Terms Of Use](#) |
 [Access News](#) |
 [Provider Partners](#) |
 [Contact Information](#) |
 [Upcoming Events](#) |
 [Links](#) |
 [Security Policy](#)

FIG. 15.

DME • Transportation • Translation • Pharmacy

Products & Services • Mileage Estimator • Ordering • News • Partners • Contact Us • Events



Recap

Transport and/or Translation Recap

Add Instructions and/or Notes to This Record ⓘ

.....

Your Homepage

Reports Main

Add Patient

Log Out

Search by TIN

Search by Name

Search

| Claimant Information | Transportation Billing Information |
|-----------------------|------------------------------------|
| Name: James Bond | Billing Date: |
| SSN: 599-81-6131 | Invoice Nbr: |
| Claim ID: 12345678 | Bill Amt: |
| Phone: (407) 123-1234 | |

| | |
|-----------------------------------|---------------------------------|
| Called In By: lcroft@demoaccounts | Scheduled: 8/24/2001 9:14:35 AM |
| Dispatched: | Confirmation: |

| | |
|----------------------------|------------------------|
| Transport Type: Ambulatory | Translation: None |
| Status: Scheduled | Service Date: 9/5/2001 |

LEG INFORMATION

Leg Nbr 1

| | |
|--------------------|-------------------------------|
| Pickup time | Appt Time 1:00:00 PM |
| Origination | Destination |
| James Bond | Health South-Coral Sprgs-2804 |
| 2012 Maitland Blvd | 2804 N. University Drive |
| MAITLAND, FL 32751 | Coral Springs, FL 33071 |
| (407)123-1234 | 954-227-8040 |

Leg Nbr 2

| | |
|-------------------------------|----------------------|
| Pickup time | Appt Time 1:00:00 PM |
| Origination | Destination |
| Health South-Coral Sprgs-2804 | James Bond |
| 2804 N. University Drive | 2012 Maitland Blvd |
| Coral Springs, FL 33071 | MAITLAND, FL 32751 |
| 954-227-8040 | (407)123-1234 |

Leg Nbr 3

| | |
|--------------------|------------------------------|
| Pickup time | Appt Time 1:00:00 PM |
| Origination | Destination |
| James Bond | Zeal, Dr.-Pembroke Pines, FL |
| 2012 Maitland Blvd | 601 N. Flamingo Drive |
| MAITLAND, FL 32751 | Pembroke Pines, FL 33071 |
| (407)123-1234 | (954)476-8800 |

FIG. 16.

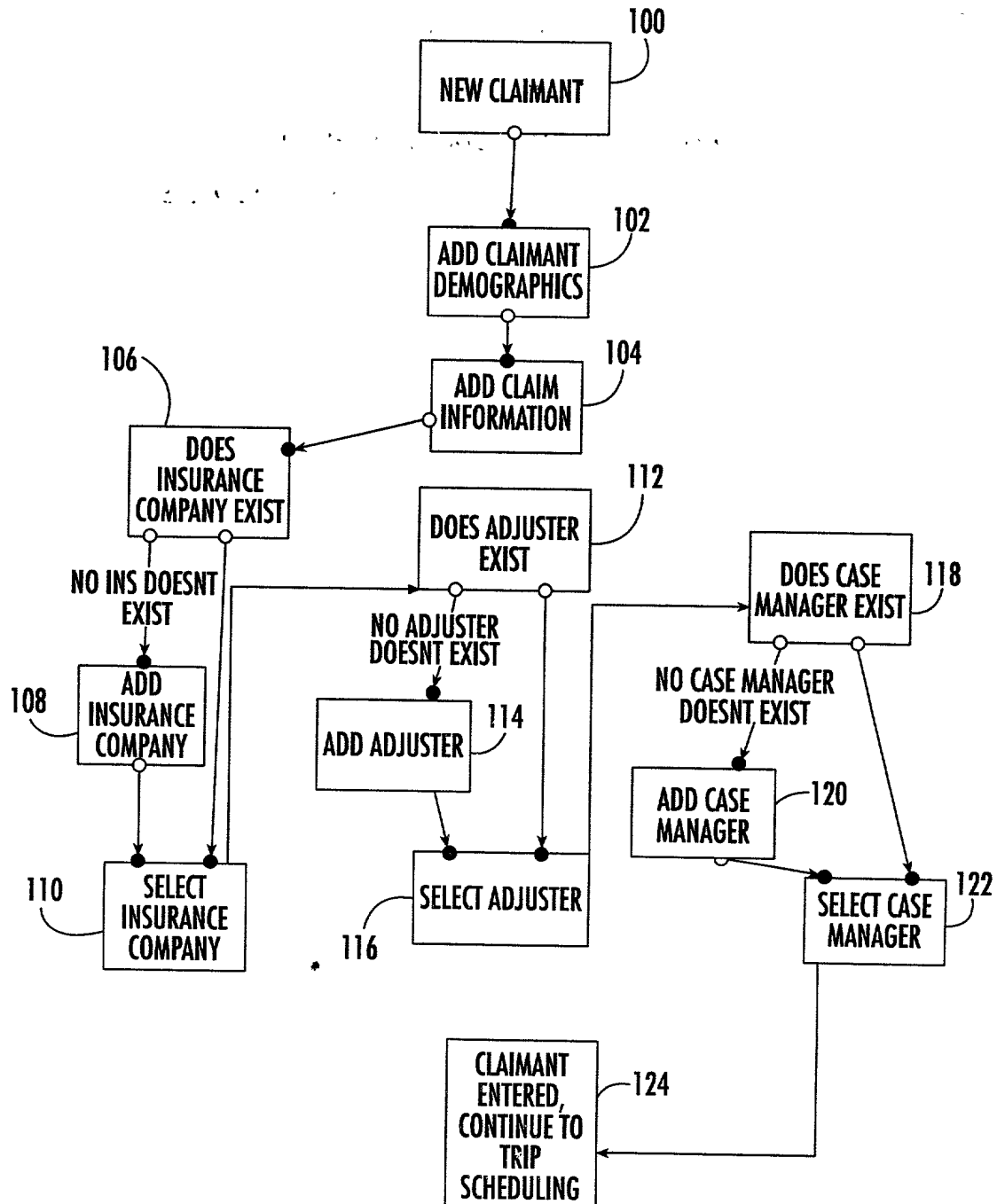


FIG. 17.

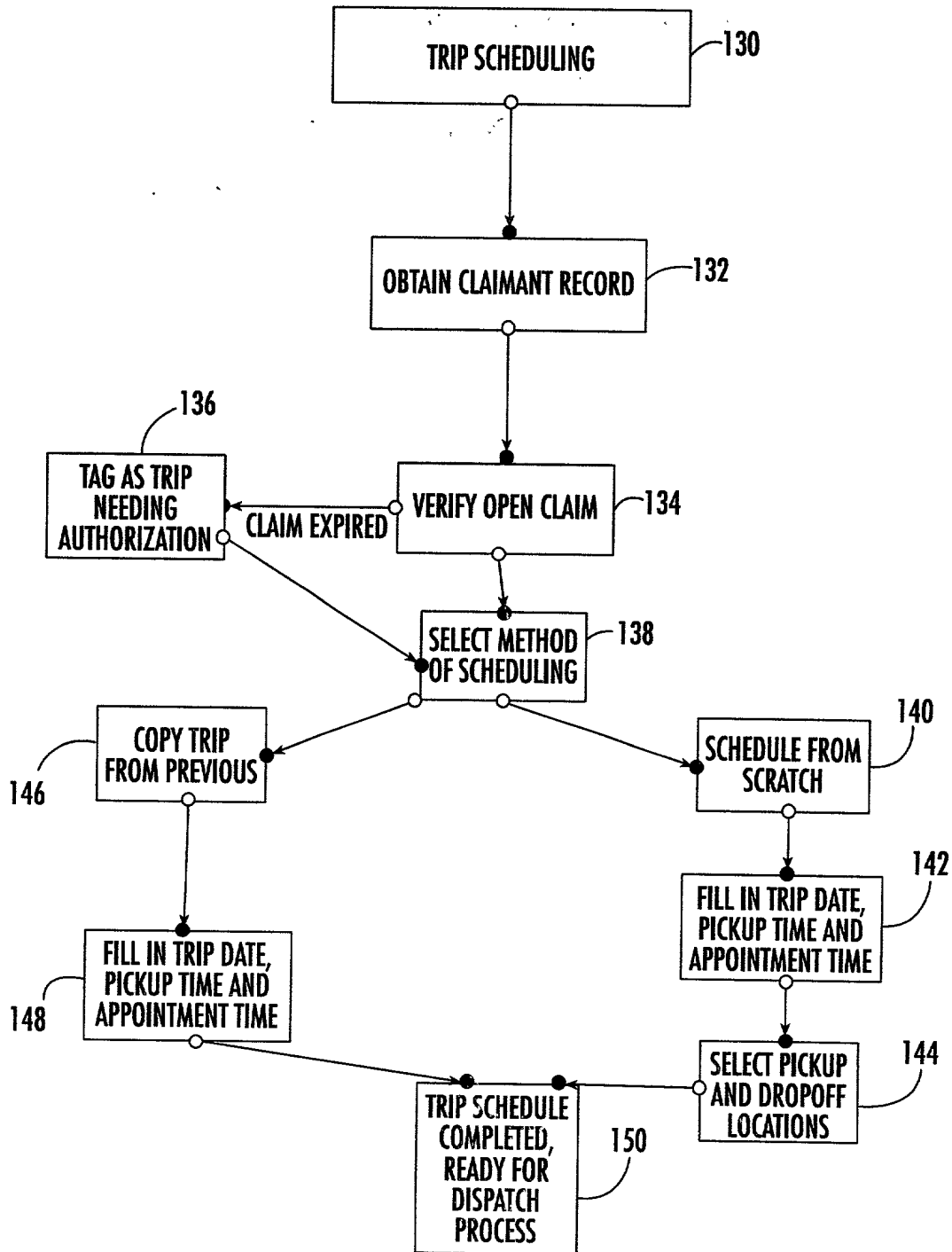


FIG. 18.

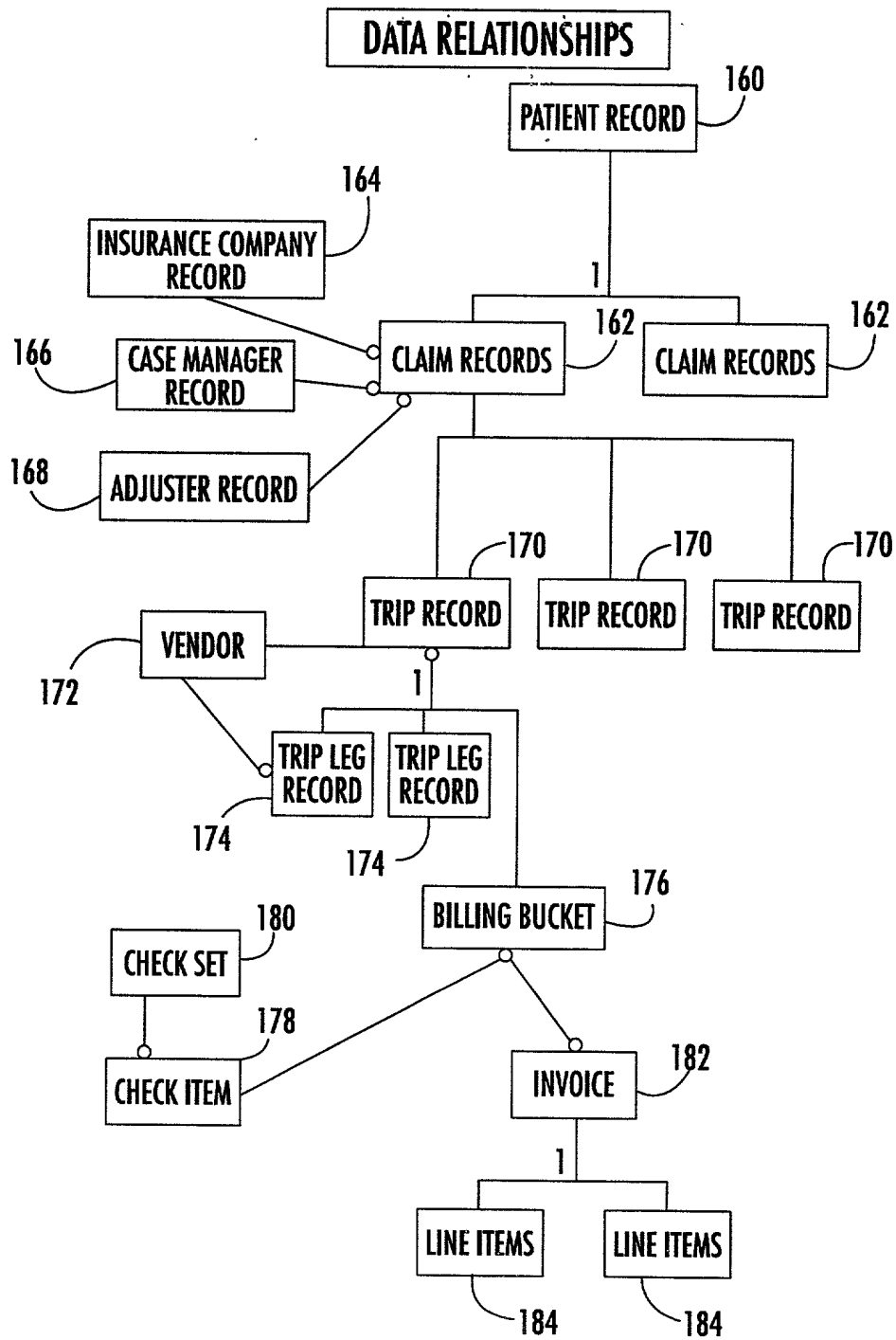


FIG. 19.